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DATE: 06 June 2005

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TO: Examiner Brian Healy
USPTO

PHONE:

FAX: 703.872.9306

FROM: Robert A. Parsons

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PHONE: 602.252.7494

FAX: 602.252.7198

RE: Patent Application, Serial Number 10/769,967; Office Action Response

Number of pages including cover sheet: 7

Confirmation Copy to follow? X No ___ Yes

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael S. Lebbby; Samuel Ho)
Serial No.: 10/769,967) Ex: Healy
Filed: 02 February 2004) Art Unit: 2883
For: SELF EJECT LATCH MECHANISM)
FOR AN OPTICAL TRANSCIEVER)
MODULE)

CERTIFICATION OF FACSIMILE TRANSMISSION

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Fax: 703-872-9306

Dear Sirs:

I hereby certify that this correspondence, consisting of Amendment Transmittal Form; Response, Amendment, and Request for Reconsideration; and copy of Information Disclosure Statement are transmitted to the Patent and Trademark Office (Fax. No. 703-872-9306) on the date shown below.

Lna Smitham
Signature

06 June 2005

CN 29370

4000 North Central
Suite 1220
Phoenix, Arizona 85012
(602) 252-7494

June 6, 2005
Date

Respectfully Submitted,

Robert A. Parsons
Robert A. Parsons
Attorney for Applicant
Reg. No. 32,713

Case Docket No. 4189-PA31

Applicant: Michael S. Lebby; Samuel Ho)
 Serial No.: 10/769,967) Ex: Healy
 Filed: 02 February 2004) Art Unit: 2883
 For: SELF EJECT LATCH MECHANISM)
 FOR AN OPTICAL TRANSCIVER)
 MODULE)

Commissioner of Patents
 PO Box 1450
 Alexandria VA 22313-1450
 MAIL STOP Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above identified application.

___ Small entity status of this application has been established.

___ Design Application, no additional fee required.

X Utility application, fee calculated on table below.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
TOTAL	7 -	20	0	X 9 = \$	or X 18 = \$0
INDEP	4 -	4	0	X 43 = \$	or X 86 = \$0
MULTIPLE DEPEND CLAIM PRESENTED				X145 = \$	or X290 = \$0
				TOTAL	or TOTAL \$0

___ Please charge the Deposit Account No. _____ in the amount of \$_____.

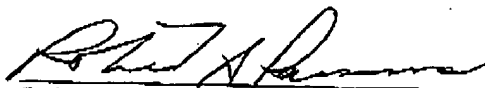
___ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____.

___ A duplicate copy of this transmittal sheet is enclosed.

___ A check in the amount of \$ _____ is attached.

Respectfully submitted,

5/6/05
 DATE


 Robert A. Parsons, Reg. No. 32,713
 CN 29370